

JAN 06 2005

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HUSCH & EPPENBERGER

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PTO/SB/05 (03-01)

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FACSIMILE TRANSMITTAL		Attorney Docket No.	41575/27975(106)	First Inventor: Robert McMillen
AMENDMENT TRANSMITTAL LETTER Title: <u>Push Lumbar Support With Flexible Pressure Surface</u>		Serial No.	10/020,688	
		Filing Date	December 14, 2001	
		Examiner	Edell, Joseph F.	
		Group Art Unit	3636	

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Large Entity Status

☐ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)					
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	20*	Minus	**20	=0	x \$25.00=	\$ 0.00	x \$50.00=	\$ 0.00
	Independent (37 CFR 1.16(b))	3*	Minus	**4*	=0	x \$100.00=	\$ 0.00	x \$200.00=	\$ 0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$180.00=		x \$360.00=	
						TOTAL ADDIT. FEE	\$ 0.00	TOTAL ADDIT. FEE	\$ 0.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☒ No additional fee is required for amendment.


☐ A check in the amount of \$ _____ is enclosed.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account, 08-3460.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.
I have enclosed a duplicate copy of this sheet.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.


Signature

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Date: January 6, 2005

Certificate of Facsimile Under 37 CFR 1.18

I hereby certify that these documents and fees are being transmitted via facsimile to Fax number 703-872-9306 on 1/6/05 and addressed to: MAIL STOP Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 21313-1450. Total pages 10.

Signature: Eileen Curran

Type Name: Eileen Curran

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Atty. Docket No. 41575/27975(106)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Robert McMillen	Group No.: 3636
Serial No.: 10/020,688	Atty. Docket No.: 41575/27975(106)
Filed: December 14, 2001	
For: Push Lumbar Support With Flexible Pressure Surface	Examiner: Edell, Joseph F.

MAIL STOP AMENDMENT
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

HONORABLE SIR:

Responsive to the official communication of December 27, 2004, Applicant submits the following Amendments and Remarks within one month from the date of mailing. It is not believed that extensions of time are required beyond those, which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 08-3460.

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